

U.S. Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0168
Expires 11-30-2006

This report is mandatory under P.L. 85-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10133</u>	2 Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>FRANCIA</u> <u>REED</u> P.O. Box, Bldg. Room No. if any _____ Street <u>160 MINEOLA BOULEVARD</u> City <u>MINEOLA</u> State <u>New York</u> ZIP Code + 4 <u>11501</u>	4 Name, file number and address of labor organization. Name <u>PAGE AFL CIO LOCAL UNION 381</u> Labor Organization File Number <u>002 463</u> P.O. Box, Building and Room Number if any _____ Street <u>160 MINEOLA BOULEVARD</u> City <u>MINEOLA</u> State <u>New York</u> ZIP Code + 4 <u>11501</u>
5. Position in labor organization. <u>TRUSTEE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name, if any _____ P.O. Box Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income _____ 7 b. Amount _____

Signature

16 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)	
Signature <u>Francis Reed</u>	On <u>8/15/05</u> Date <u>516248 2662</u> Telephone Number

Name of Person Filing FRANCIA REED		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any) Name <u>THE SEGAL COMPANY</u> Trade Name, if any _____ P O Box, Bldg. Room No. if any _____ Street <u>ONE PARK AVENUE</u> City <u>NEW YORK</u> State <u>New York</u> ZIP Code + 4 <u>10016-5895</u>		9. Business deals with <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10 If 8.b. or 9.c. is checked give trust or employer's name Name <u>LOCAL 381 FRINGE BENEFIT FUNDS</u> Trade Name, if any _____ P O Box, Bldg. Room No. if any _____ Street <u>150 MINEOLA BOULEVARD</u> City <u>MINEOLA</u> State <u>New York</u> ZIP Code + 4 <u>11501</u>		11 a. Nature of such dealing <u>THE SEGAL COMPANY PROVIDES ACTUARIAL AND CONSULTING SERVICES TO THE FRINGE BENEFIT FUNDS</u> 11 b. Approximate dollar value of such dealing. <u>\$46,840</u>	
		12 a. Nature of interest held or income received <u>LUNCH PROVIDED DURING MEETING REGARDING LOCAL 381 FRINGE BENEFIT FUND MATTERS</u> 12 b. Amount. <u>\$46.</u>	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		14 a. Nature of payment 	
13 b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?		14 b. Amount of payment.	